



Complaint Form

Complete and submit this form to the Department of Licenses and Inspections if your leased residence is infested with bed bugs and the landlord fails to meet obligations to remediate the infestation in accordance with [Bill #190106](#).

PART A

Contact information for tenant and landlord

Affirmation of lease agreement

*If you have a copy of the documentation showing an existing landlord/tenant relationship exists, attach a copy to this application (i.e. executed lease agreement; proof of rent payment, etc).

A

Tenant Name _____

Tenant Address _____
Street Apt/Unit# City State Zip Code

Email _____ Phone (____) _____

Landlord Name _____

Landlord Address _____
Street Apt/Unit# City State Zip Code

Email _____ Phone (____) _____

*I certify that an existing landlord / tenant relationship exists.

Note: You may need to provide documentation establishing existing landlord / tenant relationship if the person or entity that you identify as your landlord disputes that they are your landlord.

PART B

Complaint and affirmation of documentation

B

Type of complaint (select one):

Landlord failed to respond to the initial complaint. Date of initial complaint: ____/____/____
MM / DD / YYYY

Note: At least 10 days must have lapsed from the initial complaint for the department to take any action.

A copy of the notification and delivery of initial complaint to the landlord is attached.

Landlord failed to comply in part or whole with recommended remedial services.

A copy of the investigation results provided by the landlord is attached.

Note: If a copy of the investigation results is not available to you, please include as much information as possible in the description below.

Description of lapse in service (use separate sheet if needed): _____

Declaration & Signature

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

Tenant Signature: _____ Date: _____ / _____ / _____